Approved for use through 7/31/2006 CMB 0651-0032 PTO/58/06 (12:04) U.S. Paterit and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a pollection of information unless 8 displays a valid CMB control number. Substitute for Form PTO-875 7426 A Hyron Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) (37 CFR 1 16(0) (b) & (c)) FEE (S) NA RATE (\$) N/A FEE (1) SEARCHFEE NA 150.00 (37 CFR 1 16(N. (1). or (m)) N/A N/A 300.00 N/A EXAMINATION FEE NA \$250 (37 CFR 1 16(a). (p). or (q)) N/A N/A \$500 N/A TOTAL CLAIMS \$100 (37.CFR 1 16(1) NA \$200 minus 20 . X\$ 25 INDEPENDENT CLAIMS (37 CFR 1 16(N)) X\$50 OR minus 3 = X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(e)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1) +180= +360= * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS SMALL ENTITY OR HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT ł٥ ENDMENT 60 AFTER RATE (\$) PREVIOUSLY ADDI-AMENDMENT EXTRA RATE (\$) PAID FOR Total pr cre t.tem TIONAL ADO: FEE (S) Minus TIONAL. d FEE (1) Independent D7 CFR 1, 16(h) X\$ 25 Minus X\$50 OR 0 X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Calumn 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT AFTER. RATE (\$) PREVIOUSLY EXTRA ADDI-AMENDMENT RATE (\$) PAID FOR TIONAL ADOI-Total Minus FEE (\$) TIONAL FEE (\$) Independent (37 CFR 1.18(h)) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) +180= +360= OR TOTAL . TOTAL • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADD'L FEE If the entry in column 1 is less than the entry in column 2, write 'U in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADO'L FEE is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the